

Communications to improve intention to receive HPV vaccine



For more than a decade, public health practitioners and researchers have been asking how uptake of a safe and effective anticancer vaccine can be improved. In this issue of *The Lancet Public Health*, Kalyani Sonawane and colleagues¹ report on barriers to intention to start the human papillomavirus (HPV) vaccine series among US parents of unvaccinated adolescents, as well as barriers to intention to complete the series for those who started it. The authors analysed cross-sectional data from the 2017–18 National Immunization Survey and report parental intent to initiate HPV vaccination for their adolescent in the next 12 months, intent to complete the vaccination series for those adolescents who had initiated the series, and the reasons behind lack of parental intent to initiate or complete HPV vaccination at the national and state levels. Although the findings from this study are predictable because they confirm the barriers to vaccination that have consistently been identified, they are also surprisingly informative, as they highlight gaps remaining after receipt of a recommendation to be vaccinated from a health-care provider.

The most common reasons cited for lack of intention to vaccinate have become almost ubiquitous in reports of HPV vaccine hesitance—safety concerns, vaccine not recommended, perception that the vaccine is not needed, and a lack of knowledge about the vaccine. However, the surprising insight from the current study is that among parents of unvaccinated adolescents who reported receiving a recommendation to vaccinate, 60.6% (7938/13 156) still had no intention to vaccinate, estimated to equate to around 2 million adolescents in the USA. With numerous studies showing that a recommendation from a health-care provider is the strongest predictor of vaccine receipt, the reason why so many parents who received this recommendation are still refusing to vaccinate their adolescents deserves investigation.

Safety concerns were the most common barrier to intention to vaccinate when a recommendation was received from a health-care provider and the second most common was the perception that the vaccine

was not needed. The study estimates that the parents of more than 1.5 million US adolescents retained these concerns after a health-care provider recommendation, which underscores the need for effective and efficient health communications frameworks to assist health-care providers in addressing safety concerns and the need for vaccination. Debunking myths is more complicated than just providing a series of facts and figures to a parent to explain the safety profile of the vaccine. Providers need tools to help counter existing misinformation. As was succinctly summarised by Omer and colleagues,² there are three key actions to effectively address a vaccine-related myth: (1) clearly state that the myth is a myth; (2) offer an alternative explanation rooted in fact; and (3) be prepared with a few short key messages to support your explanation. Keeping this explanation simple can reduce the cognitive processing that will occur when new information is presented that runs counter to a previously held belief. For HPV vaccination specifically, strategies and messages have been developed to meet these needs.³

For the estimated 2.1 million US parents not intending to vaccinate their adolescent who did not report receiving a recommendation from a health-care provider, the most common barriers were to be expected—an absence of a vaccine recommendation and perceptions that the vaccine was not needed (approximately 18% of parents each), with safety concerns being the third most commonly cited reason (approximately 15% of parents). Although it is unclear how many of these parents would accept a recommendation from a health-care provider if it was given, the fact that so many parents cited the absence of that recommendation as a barrier is important. There has been much work done to identify effective recommendation strategies, including the use of a presumptive announcement approach,⁴ and a simple message via an app (Same Way, Same Day) that normalises the recommendation for HPV vaccination with that for other routinely recommended adolescent vaccines.⁵

Sonawane and colleagues¹ have highlighted some major gaps in clinical practice for HPV vaccine delivery, including increasing the understanding that just

Published Online
July 21, 2020
[https://doi.org/10.1016/S2468-2667\(20\)30163-8](https://doi.org/10.1016/S2468-2667(20)30163-8)
See [Articles](#) page e484

making a recommendation is not sufficient. Health-care providers should take steps to ensure delivery of a clear and consistent recommendation that highlights the importance of, and need for, HPV vaccination along with other adolescent vaccines. In addition, it is crucial to understand the key vaccine safety issues parents might bring up, and be ready to debunk those that are incorrect. These direct steps could potentially increase intention to vaccinate for parents of approximately 2 million adolescents in the USA, which would translate to a 10% increase in vaccine coverage for adolescents aged 13–17 years. The tools are available, they just need to be widely accepted and implemented by health-care providers.

I declare no competing interests. I thank Gaëlle Sabben for her constructive feedback on the manuscript draft.

Copyright © 2020 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license.

Robert A Bednarczyk
rbednar@emory.edu

Hubert Department of Global Health, Department of Epidemiology, Rollins School of Public Health, and Emory Vaccine Centre, and Cancer Prevention and Control Program, Winship Cancer Institute, Emory University, Atlanta, GA 30322, USA

- 1 Sonawane K, Zhu Y, Montealegre J, et al. Parental intent to initiate and complete the human papillomavirus vaccine series in the USA: a nationwide, cross-sectional survey. *Lancet Public Health* 2020; published online July 21. [https://doi.org/10.1016/S2468-2667\(20\)30139-0](https://doi.org/10.1016/S2468-2667(20)30139-0).
- 2 Omer SB, Amin AB, Limaye RJ. Communicating about vaccines in a fact-resistant world. *JAMA Pediatr* 2017; **171**: 929–30.
- 3 Bednarczyk RA. Addressing HPV vaccine myths: practical information for healthcare providers. *Hum Vaccin Immunother* 2019; **15**: 1628–38.
- 4 Brewer NT, Hall ME, Malo TL, Gilkey MB, Quinn B, Lathren C. Announcements versus conversations to improve HPV vaccination coverage: a randomized trial. *Pediatrics* 2017; **139**: e20161764.
- 5 American Academy of Pediatrics. HPV vaccine: same way same day. HPV vaccination communication simulation app. 2020. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/HPV-Champion-Toolkit/Pages/Grand-Rounds.aspx> (accessed July 2, 2020).